## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number. 10723 576

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
-	OTAL CLAIMS	·	(Columi		(Colu	(Column 2)		TYPE		OR	SMALL	
TOTAL CLAIMS			20_				·	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			೨೦ minus 20= ¹		* 4			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 = *		<u>*</u>	Ø		X43=		OR	X86=	
М		NDENT CLAIM P	RESENT	NT				+145=		OR	+290=	
*  1	l   /       14 f the difference	e in column 1 is	less than z	ss than zero, enter "0" in column 2				TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1)		(Colum	(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		-		X43=		OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+145=		OR	+290=	
								TOTAL			TOTAL	
		F	ADDIT. FEE		]	ADDIT. FEE						
Г		(Column 1) CLAIMS		(Colum		(Column 3)	1 г		ADDI-	1 1	1	ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT	,	PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		.=	<b>!</b>	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J			0.1		· ·
								+145=		OR	+290=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	:	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE	
		mber Previously Painber Previously Painber					er four	nd in the app	ropriate box	in col	umn 1.	